

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTC-875)

SERIAL NO. 09/847945 FILING DATE

APPLICANT(S)

1/23/26

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2				
3		/		
4		/		
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49		/		
50		/		
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
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TOTAL IND.	3							
TOTAL DEP.	39							
TOTAL CLAIMS	42							